PTO/SB/01 (05-03)

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DECLARATION FOR UTILITY OR	Attorn y Docket Number	P05717U801					
DESIGN	First Named Inventor	GORDIN, Myron K., at al.					
PATENT APPLICATION	COMPLETE IF KNOWN						
(37 CFR 1.63)	Application Number						
Declaration Declaration	Filing Date						
Sobmitted OR Submitted after Initial With Initial Filling (surcharge	Art Unit						
Filing (37 CFR 1.16 (e)) regulated)	Examiner Name						
I hereby declare that:							
Each inventor's residence, mailing address, and citizenship are	e as stated below next to the	eir name.					
I believe the Inventor(s) named below to be the original and fire which a patent is sought on the invention entitled:	st inventor(s) of the subject	matter which is claimed and for					
POLE COVER OR SLEEVE							
}							
CTHO of the	e Invention)						
the specification of which	a mvanovij						
is attached hereto							
OR							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
• •	haial ta patantahilibu ne d	ofised in 27 CED 156 including for					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 1190	a)-(d) or (f), or 365(b) of	any foreign application(s) for patent,					
inventor's or plant breeder's rights certificate(s), or 365(s) of a	any PCT international appl	ication which designated at least one					
ocuntry other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date							
before that of the application on which priority is claimed.							
Prior Foreign Application Foreign Fills Number(s) Country (MM/DD/Y		ty Certified Copy Attached? med Yes No					
]]	-						
Additional foreign application numbers are listed on a supp	plemental priority data she	et PTO/SB/02B attached hereto.					

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or auggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Pelent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or D sign Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition				s unsigr	ned inventor
Given Name (first and middle [if any]) MYRON K.					Family Name or Surname GORDIN				
Inventor's Signature	T L	Suc	J.						7/15/03
Residence Off	State	-		i				Citizer	nship
Oskaloosa	lowa			USA				USA	-
Mailing Address 2755 Merino Avenue									
City	State	•			ZIP			Ī	Country
Oskaloosa	lowa				52577				USA
NAME OF SECOND INVENTO	R:			口				ın filed i	for this unsigned inventor
Given Name (first and middle [i/any]) JAMES L.				Family Name or Surname DROST					
Inventor's Signature Aures	, CD.	100	1						Date
Residence: City	State			Cour	ity	_		Citize	nsnip
Oskaloosa	Iowa		_	USA				USA	1100
Mailing Address									
2087 Kirby Avenue					710			I C	ha.
City	State				ZIP		į	Count	чу
Oskaloosa	lowe				52577			USA	
Additional inventors or a legal representative are being named on the 1 supplemental sheet(a) PTO/SB/02A or 02LR attached herato.									

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	Application Number			
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	First Named Inventor	GORDIN, Myron K., et al.		
	Group Art Unit			
	Examiner Name			
	Attorney Docket Number	P05717US01		
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I am the: ✓ Applicant/Inventor.				
Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclose				
SIGNATURE of Applica	ent or Assignee of Record			
Name Myron K. Gordin				
Signature ///	(2)			

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Application Number	
Filing Date	
First Named Inventor	GORDIN, Myron K., et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05717US01

I hereby appoint:	
Practitioners at Customer Number 22885 OR Practitioner(s) named below:	Place Customer Number Bar Code Label here
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am the:	
Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
SIGNATURE of Applicant or Assignee of Record	d
Name James L. Drost	
Signature Xames () nort	
Dat () 7/15/03	
NOTE Company of all the land of the land o	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representations if more than one signature is required, see below.	antativa(a) are required. Submit multiple

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Application Number

First Named Inventor

Group Art Unit

Examiner Name P05717US01 Attorney Docket Number I hereby appoint: Place Customer 22885 ✔ Practitioners at Customer Number Number Bar Code Label here Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address Zip_ State City Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). **SIGNATURE of Applicant or Assignee of Record** Timozhy J. Boyle Name Signature

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